GEORGIA FORM 500 INDIVIDUAL INCOME TAX RETURN 2002 Page 1 DEPARTMENT USE ONLY Fiscal Year Mo. Day Year Mo. Day Year DEL. EXT. MISC. Beginning: Ending: YOUR FIRST NAME YOUR SOCIAL SECURITY NUMBER INITIAI Mark box with an X if you if CORRECT do not want a tax booklet next vear YOUR LAST NAME SUFFIX **MUST ENTER SS #** SPOUSE'S FIRST NAME INITIAL SPOUSE'S SOCIAL SECURITY NUMBER be SUFFIX SPOUSE'S LAST NAMI CHECK IF ADDRESS CHANGE ADDRESS LINE 1 nformation **USE BLACK INK** ADDRESS LINE 2 ONLY Taxpay CITY STATE ZIP CODE Step 1 COUNTRY IF FOREIGN 4. Use one option only and enter in the Residency Code Number box. RESIDENCY PART-YEAR RESIDENTS AND NONRESIDENTS MUST OMIT LINES 9 THROUGH 14 AND USE SCHEDULE 3 OF FORM 500, PAGE 4 CODE NUMBER Dependents 1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT FROM TO 3. NONRESIDENT > 5. Fill in Filing Status Block with appropriate letter. (Must be same status as used on your Federal Return) **FILING STATUS** A. SINGLE C. MARRIED FILING SEPARATE (Spouse's social security no. must be entered above) and B. MARRIED FILING JOINT D. HEAD OF HOUSEHOLD OR QUALIFYING WIDOW(ER) 2 Exemptions 6. Dependents: DEPENDENT'S DEPENDENT'S FIRST NAME LAST NAME SOCIAL SECURITY NUMBER **RELATIONSHIP TO YOU** If more than 4 dependents, enclose a list. Step 7. Total Number of Exemptions from Federal Form 1040 or 1040A (see instructions) IF AMOUNT ON LINE 8, 9, 10, 13, OR 15 IS NEGATIVE, FILL IN CIRCLE. EXAMPLE: If the amount on Line 8 is \$40,000 or more or your adjusted gross income is less than your W-2s, you must enclose a copy of your Federal Form 1040 Pages 1 and 2. Regardles of income, if you use itemized deductions, you must enclose Federal Schedule A. Do not enclose other Federal Schedules. 8. Federal adjusted gross income (From Federal Form 1040 or 1040A or 1040EZ) Step Use EITHER 11. STANDARD Deduction (SEE INSTRUCTIONS-LINE 11) DO NOT USE FEDERAL STANDARD DEDUCTION ... 11a. F Deductions Line 11c or Line 12 (DO NOT WRITE ON BOTH b. Self 65 or over? | blind? | SPOUSE 65 or over? | blind? | Total of boxes x 1,300=11b. c. TOTAL STANDARD Deduction (Line 11a + Line 11b)..... 12.TOTAL ITEMIZED Deductions used in computing Federal taxable income

Less: See Line 12 instructions

Schedule A-Form 1040

GEORGIA FORM 500

INDIVIDUAL INCOME TAX RETURN

2002 Page 2

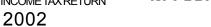


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0:104000	::::	Your Social Security Number	

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	13.	Subtract either Line 11c or Line 12 from	n Line 10; enter baland	ce13.➤O						
	14.	Number from block on Line 7mul			LĽ.					
	15.	·								
	16.						$\prod_{i=1}^{n}$			
	17.	Credits from Schedule 2, Page 3 (Enter	ne amount on Line 16)17 >			$\prod_{i=1}^{n}$				
	18.	Balance (Line 16 less Line 17) if zero o								
	19. GEORGIA INCOME TAX WITHHELD (Enter Tax Withheld Only & Enclose Withholding statements)						$\prod_{i=1}^{n}$			
	20.			<u> </u>						
ation	21.22.23.24.	Low Income Credit (See worksheet on F	Page 10) 21a 🕨	21b➤ 21c.➤			L,		Щ.	igspace
nputa	22.	Department Use Only		22.>		\vdash	Щ,		Щ	$oxed{oldsymbol{+}}$
x Cor	23.	Total prepayment credits (Add Lines 19	, 20, and 21c)	23.>		,	Щ,			╙
5 Ta	24.	If Line 18 exceeds Line 23 enter BALAN	ICE DUE STATE	24.>		\vdash	Щ,		Щ.	igspace
Step	25.	If Line 23 exceeds Line 18 enter OVERI	PAYMENT amount	25.>		\vdash	Щ,	4		igspace
	26.	Amount to be credited to 2003 ESTIMA	26 >		igapha	Щ,		Щ	<u> </u>	
	27.	Georgia Wildlife Conservation Fund (No	00) 27.>		\vdash	Щ,	4	igaphi	╙	
	28.	Georgia Children and Elderly Fund (No)) 28. >		\vdash	Щ,		Щ.	igspace	
	29.	Georgia Cancer Research Fund (No gi	29.>		\vdash	Щ,	_	Щ.	igspace	
	30.	Form 500 UET (Estimated tax penalty)	30.>		igwdap	Щ,		Щ.	Щ.	
	31.	Add Lines 24, 27, 28, 29 and 30 (Balar	nce Due)	31.>		,Щ	LJ,I			
		MAKE CHECK PA	AYABLE FOR THIS AMO	DUNT TO GEORGIA INCOME	ETAX DI	/ISION				
		DO NOT STAPLE YOUR CH	IECK AND W-2'S TO PA	AGE 1, ENCLOSE THEM IN T	HE RET	JRN EN	VEL	OPE		
	32.	Amount to be Refunded . Line 25 minus L	ines 26, 27, 28, 29 and 3	0 if applicable 32.		,Ш	<u>L</u> ,,			Щ.
		OVERPAYMENTS (REFUNDS	•	PAYMENTS AND						200
	· · · · · · · · · · · · · · · · · · ·				X DIVISION, P.O. BOX 740399 EORGIA 30374-0399					
		Georgia Public Revenue Code Sect	ion 48-2-31 stipulates that free of any expense to	at taxes shall be paid in lawful i	money of	the Unit	ed St	ates,		
	l									
		er penalty of perjury, I declare that I have exampled redge and belief it is true, correct and complete								
Щ	prepa	arer has any knowledge.								
SIGN HERE										
SIGN	X	2 CONTINUE	DATE				-			
	YOUR	RSIGNATURE	DATE	DAYTIME PHONE NUMBE Taxpayer					to autl	
				· · · · · · · · · · · · · · · · · · ·		Reve	enue t	o dis		nis tax
	X_ SPOL	JSE 'S SIGNATURE	DATE	Spouse			n with ed be		prepa	rer
Ш		ck box if deceased [)								
	X	ATURE OF PREPARED IS STUFF THAT IS				=				

GEORGIA FORM 500

INDIVIDUALINCOMETAX RETURN 2002





Your Social Security Number

	2002 Page 3								-[- 🗆 🛚		
	SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (See Page 6 of instructions) ADDITIONS TO INCOME												
	Interest on Non-Georgia Municipal and	State Bonds			1.								
	Lump Sum Distributions					П	٦'n			ľ	П	$\exists \Gamma$	
	•					П	٦ï	Ť	Ť	ľ		٦ï	
	Total Additions (Enter sum of Lines 1-3					П	7	T	1	ľ	П	╗	
	BTRACTIONS FROM INCOME	,								·•			
5.	Retirement Income Exclusion (See Re A. Self: Date of Birth	tirement Income Exclusion Type of Disability:			-],[_			
		Date of Disability											
	B. Spouse: Date of Birth	Type of Disability:			_ 5B.		,[$], \square$			
		Date of Disability								. —			
6.	Social Security Benefits (Taxable portio	n)			6.		_,			<u>, </u>	Щ	_ . _	
	Railroad Retirement Benefits (Taxable p					Ш	. ↓			<u>, </u>	Ш		
	Interest on United States Obligations (S	,					_اـــ			<u>, </u>		[
9.	Other (Specify)				_ 9.	Ш	┵			<u>, </u>	Ш		
10.	Total Subtractions (Enter sum of Lines	5-9 here)			10.		_,[,			
11.	Net Adjustments (Line 4 less Line 10, enter	net total here and on Line s	of Page	1)(+or -)	11.		,[,			
sc	HEDULE 2 CREDITS FOR LINE 17, PAGE 2									, -			
1.	Other State(s) Tax Credit (See workshe	et, Page 10)			1.	Ш	_,,	\downarrow	┸	<u> </u>	Ц	4	\bot
	Low and Zero Emission Vehicle Credit						,L],[
3.	3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or Retrofit						$\prod [$						
4	Credit, Driver Education Credit, Disaster Assistance Credit and Qualified Caregiving Expense Credit) 4. Other Credits, Please Specify						<u> </u>	İ					
	Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC, LLP or Partnership Interest See Pages 20 through 21 for a list of available credits and their applicable codes. You must list the appropriate Credit Type Code in the space provided. List the percentage of credit received in the % column. If you claim more than five credits, enclose a schedule. Enter the schedule total on Line 10.												
	Credit Type Code Company N	ame FEII	N	%				Am	ount	of C	redit	:	
5.					- 5.		,_			<u>,</u>		<u> </u>	$\underline{\perp}$
6.					6.		_,[_			\prod].[_	
7.					7.],[\prod].[
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10. Enter the total from enclosed schedule(s)					10.],[\prod].[
11. Enter the total of Lines 1 through 10 here and on Line 17, Page 2				44	П	٦Г	Т	\Box		T	1	П	

GEORGIA FORM 500

INDIVIDUALINCOMETAX RETURN 2002

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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 7, Line 17 and Page 10.

DO NOT USE LINES 9 THROUGH 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments	Income Not Taxable to Georgia	Georgia Income
	COLUMN A	COLUMN B	COLUMN C
1. Wages, Salaries, Tips, etc			
2. Interest and Dividends			
3. Business Income or (Loss)		- 	
4. Other Income or (Loss)			
5. Total Income: Total Lines 1 through 4			
Adjustments to Income: 6. Total adj. from Federal Form 1040			
7. Total adj. from Form 500, Schedule 1, Page 3 (See instructions Line 9, Page 6)			
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7		,	
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage			% Not to exceed 100%
10. Itemized or Standard Deduction (See instructions for Line 10, Page 9)		,	
11. Personal Exemption from Form 500, Page 1, Line 7, multiplied by \$2,700		,	
12. Total Deductions and Exemptions: Add Lines 10 and 11		,	
13. Multiply Line 12 by Ratio on Line 9 and enter result			
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Line 15, Page 2 of F	orm 500		
List the state(s) in which the income in	n Column B was earned and/or	to which it was reported.	